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<b>FILED</b> DEC	4 1950	STANDA	ARD CERTIF	ICATE OF D	EATH " )	Stat	e File No	OUA.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
RTH NO	· · · · · · · · · · · · · · · · · · ·	_ REG. DIST. N	ю. <u>42</u>	PRIMARY REG. DIS				.1319	
I. PLACE OF DEA	ATH		<del></del>			Where deceased	ived. If in	etitution: re	
<u>Bu</u>	chanan			MIS	souri		UNTY B	<u>uchan</u>	adistinba an B
OR	orporate limite, write F	RURAL and give township)	c. LENGTH OF STAY (հունիայթեւթ	C. CITY (If outside			and give tow	nship)	
	Joseph		30 Min	TOWN 1		# 6	W.	ashin	gto
d. FULL NAME OF HOSPITAL OR INSTITUTION	.St.Jose	ph Hospi	tal	d. STREET ADDRESS	South	of St.	Jose	ph,	1/6
B. NAME OF DECEASED	a. (First) Myrtle	b.	(Middle) Fay	c. (Last) Luke		4. DATE OF	(Month)	(Day)	(Year)
(Type or Print)			•		7	DEATH	Nov.		1950
( )	color or race White	/ MARRIED, NE WIDOWED, DI	ver married, vorced (specify) Married	8. DATE OF BIRTH		9. AGE (In ye last birthday	Months		UNDER 24 HRS.
- 0.11.0-2.0			BUSINESS OR IN-	Oct. 2.1	902	<u>  48</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		1 -	DUSTRY				0.	COUNT	N OF WHAT
Retirede		house	WOT'K.	St, Jose		SOUPI E OF HUSBAN	(D. 05 ''''		• A •
Wm. T. L			na VanHo		14. NA		ngle	. 5	
5. WAS DECEASED EVE			CIAL SECURITY	17. INFORMANT	C'S SIGN			AC	DRESS
Yes, no, or unknown) (II		of sacrical	ne No.	Mr Riche				So.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO	ONDITION ING TO DEATH*/	MEDICAL C	entification Tighet	24	10014			L BETWEEN
*This does not mean	ANTECEDENT CA	- '	Chroni	e Wianer	26 m	<u>ann</u>		72	100
us heart failure, asthenia, itc. It means the dis- case, injury, or complica-	ANTECEDENT CA	AUSES s, if any, giving DU ause (a) stating use last.		e N Lauer			·	9 2	100
he mode of dying, such is heart failure, asthenia, ic. It means the dis- ase, injury, or complica-	ANTECEDENT CA Morbid conditions rise to the above of the underlying cau ii. OTHER SIGNII	AUSES s, if any, giving DU ause (a) stating use last. DU FICANT CONDITIO	E TO (b) E TO (c)	e v zamer			9,1	7 2	
he mode of dying, such us heart failure, asthenia, steel it means the discuse, injury, or complication which caused death.	ANTECEDENT C. Morbid conditions rise to the above of the underlying can ii. OTHER SIGNII Conditions contrib related to the disca	AUSES s, if any, giving DU ause (a) stating use last. DU FICANT CONDITIO buting to the death buse or condition causi	E TO (b)  E TO (c)  NS  It not ing death.	e v zamer			21	20)	100 )
he mode of dying, such a heart failure, asthenia, to. It means the disage, injury, or complication which caused death.  9a. DATE OF OPERATION	ANTECEDENT C. Morbid conditions rise to the above of the underlying can  11. OTHER SIGNIF Conditions contrib related to the disea  19b. MAJOR FINI	AUSES  s, if any, giving DU ause (a) stating use last.  DU FICANT CONDITIO nuting to the death bu se or condition causi DINGS OF OPERAT	E TO (b)  E TO (c)  NS  It not ing death.		-		20		No X
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## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded	on the reverse side of this certificate was embalmed by me, or by
	Student Embalmer No
working under my personal supervision.	Signed Johnes Thomas

Licensed Embalmer Noz

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

Student Embalmer

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.